

DEATH RECORD REQUEST

Valid identification required. See list to the right.

\$14.00 for a certified copy.

\$8.00 for each additional certified copy of same record issued at same time.

\$4.00 for a non-certified copy stamped "for genealogical purposes" (*available only if the record is at least 20 years old.*)

Individual Named on Death Record (*please print information and sign below*):

First

Middle

Last

Date of Death: _____ **Quantity:** _____

Place of Death (City or Village): _____

Intended use of this document: _____

Person requesting record (*check appropriate box*):

Parent, Brother, Sister, or Child of the individual named on record (*circle relationship*)

Other: _____

Reason for requesting record:

I have personal or property right interest in the record

I am the duly authorized agent of a person having a personal or property interest in the record (proof required)

Your Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

I do hereby attest that as the individual requesting this record, I am legally entitled to a certified copy or a non-certified copy (if applicable) of this record either personally being of age; as a parent, guardian, legal representative, or agent of the person whose record I am requesting; as having a qualified genealogical or property right interest; or because I am otherwise entitled to the record according to the Illinois Compiled Statutes (410 ILCS 535/25). I acknowledge that an individual who commits fraudulent use of a vital record is guilty of a Class 4 Felony, punishable by up to three years imprisonment.

Signature: _____

OFFICE USE ONLY

Acceptable Forms of Identification

Must present one (1) current U.S. identification document

- Driver's license
- State identification card
- Passport (*with signature*)
- Military identification card (with signature)

If you do not have any of the above forms of identification, you must present **two (2) pieces** of the following documentation:

- Social Security Card with signature
- Certified copy of voter registration record
- Employee ID Card with photo and signature
- School ID Card with photo and signature
- Township ID Card with signature
- Certified copy of a birth certificate
Certified and properly notarized English translation required for foreign certificates
- U.S. original naturalization papers
- A valid foreign passport
- A valid U.S. resident alien card
- A valid consulate identification card
- A valid U.S. visa with photo and signature

Identification documents that are expired, hole punched, cracked, mutilated, scratched, altered, broken or defaced in any way are not acceptable.

Requesting a record by mail:

1. Complete all information on the request form.
2. Sign on the signature line.
3. Make legible photocopy of your identification (both sides.)
4. Write check or money order payable to "**Lake County Clerk.**"
Temporary or Starter Checks are NOT ACCEPTED
5. Include a large, self-addressed, stamped envelope.
6. Mail all items to: Lake County Clerk

Attn: Vital Records

18 N. County St., Room 101

Waukegan, IL 60085